

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09-367714</i>	FILING DATE					
						CLAIMS						
NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		7							
TOTAL DEP.	26	→	25	→	15	→						
TOTAL CLAIM.	27		24		22							